



Medicaid Update for Community Partners

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TOPICS

- Classic Medicaid Programs
- Updated HCA 18-005 Form
- How to Apply for Classic Medicaid

CLASSIC MEDICAID

Classic Medicaid

The following categories fall under “Classic Medicaid”:

- Aged, blind or disabled individuals (ABD)
- Long-term care and waived services (LTC)
- Medicare Savings Program (MSP)
- Healthcare for Workers with Disabilities (HWD)
- Foster Care children (FC)

Classic Medicaid



- No changes in eligibility for Classic Medicaid programs (verification of income and resources will be required as it is today)
- Eligibility for Classic Medicaid (ABD, HWD, LTC, MSP) continues to be managed by DSHS
- Eligibility for Foster Care continues to be managed by HCA
- Eligibility determinations continue to be determined in the ACES system
- Renewal process for Classic Medicaid will have no changes
- New application process beginning May 2014

NEW APPLICATION FORM for CLASSIC MEDICAID



New 18-005 Application


- Health Care Authority (HCA) is changing the HCA 18-005 Washington Apple Health Supplemental Form.
- **Effective 05/01/14**
A new version of the form will be used as a stand-alone Washington Apple Health Application for Long Term Care/Aged, Blind, Disabled Coverage.

New 18-005 Application

|   | |
|---|--|
| Washington Apple Health Application for Long-Term Care/Aged, Blind, Disabled Coverage | |
| Use this application to see what health care coverage you qualify for it: | <ul style="list-style-type: none"> You need to apply for Long-Term Care Services (nursing home care, assisted living facility, adult family home or in-home care programs) You or someone in your household is age 65 or older You or someone in your household has Medicare You need help paying Medicare premiums or coinsurance costs You or someone in your household has a disability <p>Note: If you need to apply for family, children's, pregnancy or new adult medical contact Healthplanfinder at: www.wahealthplanfinder.org or call 1-855-923-4633</p> |
| Apply faster online | You can submit this application online at www.washingtonconnection.org |
| Information you will need to apply: | <ul style="list-style-type: none"> Social security numbers Birthdates Immigration status Income information Resource information (such as bank account balances, stocks, bonds, trusts, retirement accounts) |
| Why do we ask for so much information? | We ask for information in order to determine what health care coverage you qualify for. We keep the information you provide private as required by law. |
| Send your complete and signed application to: | <p>For disability-based Washington Apple Health, Refugee coverage and coverage for seniors 65+, and programs that help pay for Medicare premiums and expenses</p> <ul style="list-style-type: none"> Mail your application to: DSHS Community Services Division - Customer Service Center PO Box 11699, Tacoma, WA 98411-6699 Fax your application to 1-888-338-7410 Take your application to a local Community Services Office (CSO). See www.dshs.wa.gov/onlinecsos/findservice.shtml for locations. Apply online at www.washingtonconnection.org Questions? Call 1-877-501-2233 <p>For long-term care coverage such as nursing home care, in-home personal care, assisted living facility and adult family home programs</p> <ul style="list-style-type: none"> Mail your application to: DSHS Home and Community Services – Long Term Care Services PO Box 45826, Olympia, WA 98504-5826 Fax your application to 1-855-635-8305 Take your application to a local Home and Community Services (HCS) office. See http://www.altsa.dshs.wa.gov/Resources/clickmap.htm for locations. Apply online at www.washingtonconnection.org Questions? To locate a local HCS office see http://www.altsa.dshs.wa.gov/Resources/clickmap.htm |

HCA 18-005 (3/14)

|   | |
|--|---|
| Washington Apple Health Application for Long-Term Care/Aged, Blind, Disabled Coverage | |
| Applicant Name and Contact Information | |
| 1. First name Middle initial Last name | 2. ACES Client ID number |
| Signature of Applicant or Authorized Representative (Required) _____ | |
| 3. Address Where You Live | |
| County | City State Zip Code |
| 4. Mailing Address (if Different) | |
| County | City State Zip Code |
| 5. Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work () | |
| 6. Secondary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work () | |
| 7. Email Address _____ | |
| If living in a facility, list the facility name and address, if not the same as above: | |
| 8. Name of Facility | |
| 9. Address of Facility | |
| County | City State Zip Code |
| Programs Applying for: | |
| 10. I, my spouse, or someone in my household is applying for: | |
| <input type="checkbox"/> Health Care Coverage for Aged, Blind, or Disabled | <input type="checkbox"/> Help with medical bills (from last three months) |
| <input type="checkbox"/> Medicare Savings Program | <input type="checkbox"/> Healthcare for Workers with Disabilities (HWD) |
| <input type="checkbox"/> In-Home caregiver services | <input type="checkbox"/> Hospice care |
| <input type="checkbox"/> Nursing Home care | <input type="checkbox"/> Assisted Living Facility/Adult Family Home |
| Language Information | |
| 11. <input type="checkbox"/> I need an interpreter. I speak: _____ or <input type="checkbox"/> sign; translate my letters into: _____ | |

HCA 18-005 (3/14) 1.  13005

New 18-005 Application

Individuals may now apply for these “Classic Medicaid” programs using this new paper application:

- Long-term care services
- Coverage for those age 65 or older
- Disability-based coverage
- Healthcare for Workers with Disabilities (HWD)
- Medicare Savings Program

This new form enables direct routing of applications for clients who need long-term care services or disability-based health coverage to the local Home & Community Services (HCS) or Community Services Office (CSO) to make the eligibility determinations.

New 18-005 Application

“Classic Medicaid” applicants no longer need to complete both the HCA 18-001 Application for Health Care Coverage and the old HCA 18-005 forms if they use the new stand-alone application. Clients may continue to apply online via Washington Connection at www.washingtonconnection.org.

New 18-005 Application

- Stakeholders, community partners, CSO and HCS offices are asked to destroy all old stock of form HCA 18-005 (5/13) Washington Apple Health Supplemental Form and replace it with the new HCA 18-005 (3/14) version effective May 1, 2014.
- This new form can be found online at www.hca.wa.gov/medicaid/forms/Pages/index.aspx in English and the eight supported languages on April 28th for use beginning May 1st.

Applying for MAGI Medicaid

- There is no change to the HCA 18-001 Application for Health Care Coverage used by individuals to apply for the following MAGI-based programs:
 - Family,
 - Children's
 - Pregnancy
 - Adult
- These applications may continue to be submitted online via Washington Healthplanfinder at www.wahealthplanfinder.org.

QUESTIONS?

HOW to APPLY for CLASSIC MEDICAID

Aged, Blind or Disabled Programs

For those individuals over 65 years of age or entitled to Medicare

- Spenddown (MN - Medically Needy)
- SSI Related (CN – Categorically Needy)
- Medicare Savings Program

Applications may be submitted via the following options:

- Online at www.washingtonconnection.org
- By mail to DSHS-CSD, PO Box 11699, Tacoma WA 98411-6699
- By fax to 1-888-338-7410
- In-person at a local CSO
- Questions? Call 1-877-501-2233

Aged, Blind or Disabled Programs

For those individuals under 65 years who are blind/disabled and do not have Medicare:

Income under 138%FPL

- Eligible for MAGI New Adult coverage
 - Apply through Healthplanfinder

Income over 138%FPL

- Eligible for HIPTC through Healthplanfinder;
 - Apply through Healthplanfinder
- MN Spenddown program
 - Apply through CSD (see previous slide)

Long-term Care Programs

For those individuals needing the following services:

- Long-term custodial nursing home care (non-rehab)
- In-home personal care (COPEs or waived services)
- Assisted living or Adult family home

Applications may be submitted via the following options:

- Online at www.washingtonconnection.org
- By mail to DSHS-HCS, PO Box 45826, Olympia WA 98504-5826
- By fax to 1-855-635-8305
- In-person at a local HCS office
- Questions? Call your local HCS office

LTC Specialty Unit Programs

The Aging and Long-Term Supports Administration (ALTSA) also manages the statewide LTC Specialty Unit.

This unit processes applications for the following Classic Medicaid programs:

- Developmental Disabilities Administration (DDA) waivers
- Hospice
- Healthcare for Workers with Disabilities (HWD)
- Mental Health residential treatment programs

The also process the following MAGI-based program:

- LTC (K01) - MAGI-based

LTC Specialty Unit Programs

- This unit is a 'virtual' statewide unit which sits within various DDA offices.
- Applications for the Classic Medicaid programs managed by the unit should be submitted:
 - Online at www.washingtonconnection.org
 - By mailing the new HCA 18-005 form to DSHS-HCS, PO Box 45826, Olympia WA 98504-5826; or
 - By fax to 1-855-635-8305

Questions? Call their toll-free line at: 1-855-873-0642.

LTC Specialty Unit Programs

- Applications for the MAGI-based LTC program should continue to be submitted:
 - Online at www.wahealthplanfinder.org
 - By mail using the HCA 18-001 Application for Healthcare coverage form which can be sent to: DSHS-HCS, PO Box 45826, Olympia WA 98504-5826; or
 - By fax to 1-855-635-8305
 - Questions? Call 1-855-873-0642
- Follow the K01 application process described later in this presentation to notify the specialty team there is an application that needs to be reviewed.

MEDICARE SAVINGS PROGRAM

Medicare Savings Program

Depending on income and resources, the Medicare Savings Program (MSP) can help pay for Medicare Part B premiums.

For some, the MSP can pay Medicare premiums and other Medicare costs not paid by Medicare.

- These include Medicare deductibles, coinsurance and copayments.

Medicare Savings Program Types

1) Qualified Medicare Beneficiary (QMB)

- Pays Part A and Part B premiums
- Pays deductibles
- Pays co-payments except for prescriptions

2) Specified Low-Income Medicare Beneficiary (SLMB)

- Pays Part B premium

3) Qualified Individual (QI-1)

- Pays Part B premium

4) Qualified Disabled Working Individual (QDWI)

- Pays Part A premium

MSP Application

- HCA Form 13-691
- Application for Medicare Savings Programs
- **Reminder:** Those applying for full Medicaid (completing an 18-005) do not need to submit a separate request for the Medicare Savings Program.

Washington State Health Care Authority

Application For Medicare Savings Programs

Please read the following before completing the application.

Depending on your income and resources, the Medicare Savings Program (MSP) can help pay your Medicare Part B premium. For some, the MSP can pay Medicare premiums and other Medicare costs not paid by Medicare. These include Medicare deductibles, coinsurance, and copayments.

You will need to answer all questions before we will know if we can help you. If you need help completing any part of this form, call your local Community Services Office.

Please print.

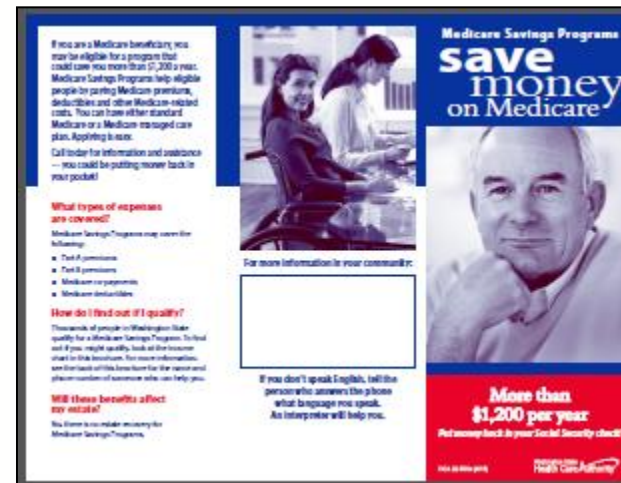
| 1. FIRST NAME | MIDDLE INITIAL | LAST NAME | | | |
|--|------------------------|------------------------------|-------------------------------------|---------------------------|---------------|
| 2. RESIDENCE ADDRESS | | CITY | STATE | ZIP CODE | |
| 3. MAILING ADDRESS (IF DIFFERENT) | | CITY | STATE | ZIP CODE | |
| 4. TELEPHONE NUMBER Primary: _____ Other: _____ | | | | | |
| 5. Do you have trouble speaking, reading, or writing English? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you need an interpreter? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, we will provide one. What language do you speak? _____ | | | | | |
| GENERAL INFORMATION | | | | | |
| LIST SELF AND ALL OTHERS LIVING WITH YOU. USE LEGAL NAMES. | | | | | |
| NAME (FIRST, MI, LAST) | RELATIONSHIP TO YOU | DATE OF BIRTH | APPLYING FOR BENEFITS? YES NO | SOCIAL SECURITY NUMBER | SEX M OR F |
| | SELF | | | | |
| | SPOUSE | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| MEDICAL COVERAGE INFORMATION | | | | | |
| CHECK WHICH APPLIES | | | | MEDICARE NUMBER | |
| Eligible for or receiving: Medicare Part A | Self | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | |
| | Spouse | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | |
| | Other | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | |
| CHECK WHICH APPLIES | | | | MEDICARE NUMBER | |
| Eligible for or receiving: Medicare Part B | Self | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | |
| | Spouse | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | |
| | Other | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | |

Application Options for MSP

- **HCA Form 18-005**
Application for Long-term Care/Aged, Blind, Disabled coverage; or
- **HCA Form 13-691**
Medicare Savings Program Application
- If a client is eligible for another Classic Medicaid program, direct the MSP application to the CSO that manages that program. (CSO or HCS)
- Stand-alone MSP applications should be mailed to the Community Services Office (CSO).

Other MSP Resources

- HCA Publication 22-500
- Medicare Savings Programs Brochure
- Available on the HCA Publications website at www.hca.wa.gov/medicaid/publications
- Updated brochure coming soon with new April 2014 standards



| About The Medicare Savings Programs | Find Out If You Qualify (Use This Personal Worksheet) | How Do I Apply? | | | | | | | | | | | | | | | |
|--|--|---|---------|--------|--------|-----------------|-------------|----------------|------------------|-------------|----------------|-------------------|-------------|----------------|------------------|-------------|----------------|
| <p>There are four programs in Washington State:</p> <p>PROGRAM 1 Qualified Medicare Beneficiary (QMB)</p> <ul style="list-style-type: none"> • Pays Part A and Part B premiums • Pays deductibles • Pays co-payments except for prescriptions <p>PROGRAM 2 Specified Low Income Medicare Beneficiary (SLMB)</p> <ul style="list-style-type: none"> • Pays Part B premium <p>PROGRAM 3 Qualified Individual Program (QIP-1)</p> <ul style="list-style-type: none"> • Pays Part B premium <p>PROGRAM 4 Qualified Disabled Working Individual (QDWI)</p> <ul style="list-style-type: none"> • Pays Part B premium | <p>Follow the steps below and compare what you find out on the right to find out if you qualify for a Medicare Savings Program.</p> <ol style="list-style-type: none"> Write down your gross monthly household income: \$ _____ Circle \$20 Less: Deductions per household: \$ _____ Total Income: \$ _____ Write down an estimate of your total assets: Cash: \$ _____ Stocks: \$ _____ Bank accounts: \$ _____ Real estate (NOT the house you live in): \$ _____ Certificates of deposit: \$ _____ Investment accounts: \$ _____ Savings bonds: \$ _____ Total Assets: \$ _____ If your monthly income is at or below any of the levels on the right, and your assets are at or below the levels on the right, you probably qualify for one of the Medicare Savings Programs. | <p>If you call Contact your local Community Services Office (CSO):</p> <ul style="list-style-type: none"> • The qualified your income \$20 or the State Government (SLMB) pages in your telephone book, OR • Do the Internet go to the website www.washingtonmedicaid.org • The county or the Medical Assistance Customer Service Center at 1-800-695-6945, extension 3025. <p>Medicare Savings Programs Income and Resource Standards</p> <table border="1"> <thead> <tr> <th>Program</th> <th>Income</th> <th>Assets</th> </tr> </thead> <tbody> <tr> <td>Program 1 (QMB)</td> <td>\$0 to \$20</td> <td>\$0 to \$2,000</td> </tr> <tr> <td>Program 2 (SLMB)</td> <td>\$0 to \$20</td> <td>\$0 to \$2,000</td> </tr> <tr> <td>Program 3 (QIP-1)</td> <td>\$0 to \$20</td> <td>\$0 to \$2,000</td> </tr> <tr> <td>Program 4 (QDWI)</td> <td>\$0 to \$20</td> <td>\$0 to \$2,000</td> </tr> </tbody> </table> <p>Assets allowed for an individual: \$2,000 Assets allowed for a couple: \$3,000</p> <p>The QIP-1 program for working individuals has special asset income standards as you will find in all the materials concerning eligibility for the program.</p> <p>Assets for QIP-1 allowed for an individual: \$10,000 Assets for QIP-1 allowed for a couple: \$15,000</p> <p>NOTE: The assets allowed have changed since the previous standards. To check for current information, call 1-800-695-6945, extension 3025.</p> | Program | Income | Assets | Program 1 (QMB) | \$0 to \$20 | \$0 to \$2,000 | Program 2 (SLMB) | \$0 to \$20 | \$0 to \$2,000 | Program 3 (QIP-1) | \$0 to \$20 | \$0 to \$2,000 | Program 4 (QDWI) | \$0 to \$20 | \$0 to \$2,000 |
| Program | Income | Assets | | | | | | | | | | | | | | | |
| Program 1 (QMB) | \$0 to \$20 | \$0 to \$2,000 | | | | | | | | | | | | | | | |
| Program 2 (SLMB) | \$0 to \$20 | \$0 to \$2,000 | | | | | | | | | | | | | | | |
| Program 3 (QIP-1) | \$0 to \$20 | \$0 to \$2,000 | | | | | | | | | | | | | | | |
| Program 4 (QDWI) | \$0 to \$20 | \$0 to \$2,000 | | | | | | | | | | | | | | | |

HWD PROGRAM

HWD Program

- Enables individuals with disabilities to work and keep their health care.
- Enrollees are able to earn and save more money and to purchase healthcare coverage with monthly premiums based on a sliding income scale.
- HWD provides the only eligibility group for SSI-related coverage for those working at or above the substantial gainful activity (SGA) level who do not also have Medicaid protections under Section 1619 of the Social Security Act, or no longer receive Title 2 cash benefits, such as SSDI.

HWD Program

- HWD does not have an asset (or resource) test.
- Since it is a categorically needy (CN) Medicaid program, it provides Medicaid Personal Care services (MPC) for those approved to receive them.
- HWD is also an additional eligibility group for most Home and Community Based Services (HCBS) waiver programs administered by ALTSA Developmental Disabilities Administration (DDA) and Home and Community Services (HCS).

HWD Program

Applications for Healthcare for Workers with Disabilities should be submitted to HCS:

- Online at www.washingtonconnection.org
- By mail using the HCA 18-005 form which can be sent to: DSHS-HCS, PO Box 45826, Olympia WA 98504-5826; or
- By fax to 1-855-635-8305
- Questions? Leave a message at the direct voicemail box for HWD at 1-800-871-9275.

FOSTER CARE PROGRAM

Foster Care Medical Program

Provides Medicaid coverage for children up to age 21 who are in out of home placement, including:

- Foster Care placement through Children's Administration
- Adoption Support placement through Children's Administration
- Tribal Foster Care placement
- Voluntary Placement through the Division of Developmental Disabilities (DDD)
- Group home placement for children in the care of the Juvenile Rehabilitation Administration.
- Children enrolled in the Unaccompanied Minor Refugee Program.

Foster Care Medical Program

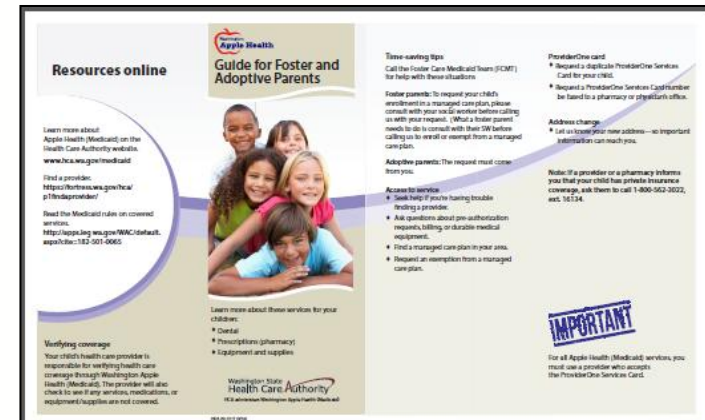
- There is no application requirement.
- HCA staff open children on Medicaid when notified of the placement by Children's Administration, tribal social workers or other DSHS staff.

Program for “Former” Foster Care Individuals

- It's NEW! The Patient Protection and Affordable Care Act created a new group of Medicaid eligible adults starting January 1st, 2014 called “Former Foster Care” adults.
- “Former Foster Care” adults are eligible for Medicaid up to age 26 when they were in foster care under the custody of Children’s Administration or a Federally Recognized Tribe within the state of Washington on their 18th birthday.
- No application is necessary. HCA staff are working a list of former foster care recipients to open coverage.

Foster Care Program Resources

- HCA Publication 22-1217
- Foster Care Parent's Guide to Medicaid
- Available on the HCA Publications website at www.hca.wa.gov/medicaid/publications
- Updated February 2014



KO1 PROGRAM

What is K01?

- K01 is a MAGI-based long-term care program.
- Provides full scope coverage for individuals who need nursing home care, inpatient psychiatric care or who are hospitalized over 30 days; and are a:
 - Child under 21
 - Newborn
 - Parent under 65 years of age
 - Pregnant woman
- When a client lives in an institutional setting for 30 days or longer, we no longer determine eligibility based on family income – we count only the income of the individual.

How to Apply for KO1

This is discussed in more detail in the next few slides but here are some helpful tips:

- Do not use the new HCA 18-005 form as the LTC specialty unit does not need resource (asset) information for this program - there is no resource limit.
- Do not use Washington Connection website as applications are not automatically routed to the LTC specialty unit to process and may result in delays.
- Fax/mail applications to the HCS fax number/mailing address. Do include the K01 cover sheet with the packet.
- Follow up with the LTC specialty unit by phone or email if you need information on an application you have submitted.

KO1 Cover Sheet

- Use the KO1 Cover Sheet when sending KO1 applications to HCS for processing.
- This ensures timely routing and expedited processing.
- See “Options to Apply for KO1” on the next slides.

KO1 COVER SHEET

(to accompany 18-001 applications)

TO: HCS HIU (HOTMAIL)

Mail to:

DSHS – ALTSA, PO BOX 45826, OLYMPIA, WA 98504

Or fax to: 1-855-635-8305

Date:

Client Name (Child):

DMS: Please forward 18-001 Application for Health Care Coverage to Healthplanfinder and forward assignment to DMS to the Long-Term Care Specialty Unit (@LTC017)

Options to Apply for KO1

Option 1:

- Submit an online application at www.wahealthplanfinder.org
- Be sure to include the entire household's information.
- On the Additional Screening Questions page, answer yes to question that asks if anyone in the household needs long-term care and indicate that the child is residing in a hospital setting.

Options to Apply for KO1

Option 1 cont:

- Send a follow-up email to K01Applications@dshs.wa.gov and provide the following information:
 - Name of the Head of household and DOB.
 - Name and DOB of the child applying.
 - Date admitted to the hospital and date expected to discharge (if known).
 - Your contact information.
 - Signed client release or AREP form if the client wants us to be able to discuss the application with you.

Options to Apply for KO1

Option 1 cont:

Note:

- By submitting the online application, DSHS can ensure that coverage is looked at for all household members and enables them to open continued coverage for the child at discharge.
- If the child is eligible for MAGI Medicaid in the Washington Healthplanfinder, no additional information is needed.

Options to Apply for KO1

Option 2:

- Mail a completed HCA 18-001 form to:
DSHS-ALTSA
PO Box 45826
Olympia, WA 98504
- Include the KO1 Cover Sheet for direct routing to the LTC specialty unit for expedited processing.
- These applications are also forwarded to the Health Benefit Exchange to ensure Medicaid is considered for all household members.

Options to Apply for KO1

Option 2 cont:

Note:

- Do not mail or fax KO1 applications to the CSD imaging unit.
- HCA 18-001 applications that are sent to the Community Services Division and not to HCS are sent directly to the Health Benefit Exchange for processing and are not imaged to the LTC specialty unit to work.

Options to Apply for K01

Option 3:

- Fax to 1-855-635-8305.
- This is a direct fax number to the HCS imaging hub.
- Fax applications with a K01 Cover Sheet directly to our imaging hub for processing (will be forwarded to the Health Benefit Exchange as well).
- Follow up with an email to the email inbox K01Applications@dshs.wa.gov if the case needs urgent processing.

RESOURCES/CONTACT INFO

CSC Referrals List

| HCA Medical Assistance Customer Service Center (MACSC) | HBE Washington Healthplanfinder Customer Support Center (HBE CSC) | DSHS Community Services Division Customer Service Contact Center (CSCC) | HCA Medical Eligibility Determination Services (MEDS) |
|---|---|---|---|
| 1-800-562-3022 or https://fortress.wa.gov/hca/p1contactus/ or AskMedicaid@hca.wa.gov | 1-855-923-4633 or CustomerSupport@wahbexchange.org | 1-877-501-2233 or www.washingtonconnection.org | 1-855-623-9357 or https://fortress.wa.gov/hca/magiccontactus/ContactUs.aspx or AskMAGI@hca.wa.gov |
| ProviderOne Client Services Card inquiries | Apply or renew health care coverage for family, children, pregnancy or new adult medical programs | Apply for Food or Child Care assistance | Washington Apple Health MAGI Medicaid eligibility questions |
| Provider billing and claims questions | HIPTC/QHP/SHOP questions | Apply for Cash assistance (including TANF, ABD, etc.) | Post-Eligibility Case Review questions |
| Healthy Options enrollment and disenrollment | Locate an HBE In-person Assister/Navigator | Apply for Classic Medicaid programs (ABD/LTC/SSI) | Washington Apple Health for Kids premium payment questions |
| ProviderOne Benefit Services Package questions | Request an appeal for HIPTC/QHP programs (denials/terminations) | Request an appeal for Classic Medicaid, Cash, Food, or Child Care assistance (denials/terminations) | Request an appeal for Washington Apple Health programs (denials/terminations) |

HCA Area Representatives

| Area | Counties | Representative |
|---------------|---|--|
| East | Asotin Ferry Garfield Lincoln Pend Oreille Spokane Stevens Whitman | Mark Westenhaver mark.westenhaver@hca.wa.gov 360-725-1324 |
| North Central | Adams Chelan Douglas Grant Okanogan | Dody McAlpine dody.mcalpine@hca.wa.gov 360-725-9964 |
| South Central | Benton Columbia Franklin Kittitas Klickitat Walla Walla Yakima | Karin Kramer karin.kramer@hca.wa.gov 360-725-0754 |
| North West | Island San Juan Skagit Snohomish Whatcom | Amy Johnson amy.johnson@hca.wa.gov 360-725-1240 |

HCA Area Representatives

| Area | Counties | Representative |
|--------------|---|---|
| King | King | Rebecca Janeczko rebecca.janeczko@hca.wa.gov 360-725-0752 Jessie Dean jessie.dean@hca.wa.gov 360-725-1501 |
| Central West | Clallam Jefferson Kitsap Mason Pierce | Melissa Rivera melissa.rivera@hca.wa.gov 360-725-1713 |
| South West | Clark Cowlitz Grays Harbor Lewis Pacific Thurston Skamania Wahkiakum | Colleen Clifford colleen.clifford@hca.wa.gov 360-725-1321 |

Additional Medicaid Resources

HCA Medicaid Expansion www.hca.wa.gov/hcr/me

- **Training & Education**

www.hca.wa.gov/hcr/me/Pages/training_education.aspx

- **HCA Area Representatives**

www.hca.wa.gov/hcr/me/Documents/area_representatives.pdf

- **CSC Referrals List**

www.hca.wa.gov/hcr/me/Documents/customer_support_center_referrals.pdf

- **Contact Us**

medicaidexpansion2014@hca.wa.gov

Future Webinars

Next scheduled HCA Medicaid Update webinar:

To Be Determined

- Registration announcement will be sent via various email distribution lists when a date is selected.
- Send suggestions for future webinars to:
medicaidexpansion2014@hca.wa.gov